

FILED FEB 14 1941 STANDARD CERTIFICATE OF DEATH

State File No. 2951

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Freeman Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days  
(Specify whether  
In this community 24 Years  
year, months or days)

3. (a) PRINT FULL NAME Thomas Henry Tarrant

3. (b) If veteran, name war  
3. (c) Social Security No. 500-09-1296

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Julia Tarrant  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Sept. 30, 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 4 1 hr. min.

9. Birthplace Arrow Rock, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor-Carpenter

11. Industry or business Building Construction

12. Name Andrew C. Tarrant

13. Birthplace No Data Tenn. /  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Dills

15. Birthplace No Data Illinois /  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Tarrant (son)

(b) Address Webb City, Missouri

17. (a) Burial (b) Date thereof 2/4/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb City, Missouri

19. (a) 2-3-41 (b) Ed. Tarrant  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Webb City.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 334 S. Hall Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31 day January  
year 1941 hour 6 minute 55 P. M.

21. I hereby certify that I attended the deceased from Jan 30, 1941, to Jan 31, 1941;  
that I last saw him alive on Jan 31, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dehiscence

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Not Autopsied

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

372 (Specify type of place)  
While at work (e) Means of injury

23. Signature Paul W. Walker (M. D. or other)

Address Joplin Mo. Date signed 2-3-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

49  
52

49

6  
2

1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

41-2-121

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

E. M. Hedge, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

E. M. Hedge  
Licensed Embalmer No. 2859

P. O. Address Webb City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.